Breast Asymmetry in Women Requesting Plastic Surgery of the Breast

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Introduction: It has been reported that 88% of women who had breast augmentation surgery had preoperative breast asymmetry.[1-2] However, the prevalence of breast asymmetry has not been well studied in women undergoing other types of breast surgeries.

Method: Breast measurements of women, who did not have prior breast surgery, were prospectively recorded in a plastic surgery database. The women in the study had been consecutively evaluated for possible plastic surgery of the breast area. They were classified into three groups according to the presenting breast problem; hypoplastic breasts, macromastia, and ptotic breasts. Comparisons were made between the right and left side of each patient, regarding symmetry of the nipple-areola complex (size and position), breast mound, and chest wall. Differences between groups were evaluated using the Chi^2 test and values of $p<0.05$ were considered statistically significant.

Results: The breast measurements of 244 women who were consecutively evaluated were analyzed. The mean age was 34 ±11 years. The study population was distributed in the following manner: 106 women had hypoplastic breasts, 80 women had macromastia, and 58 women had ptotic breasts. Asymmetry of the size and position of the nipple-areola complex was the most common type, being present in 54±12% of women with hypoplastic breasts, 59±15% of women with macromastia and 51±10% of women with ptotic breasts. Asymmetry of the breast mound was found in 45±12% (hypoplasia), 47±10 (macromastia) and 43±11% (ptosis) of the groups. Asymmetry of the chest wall was present in 12±10% (hypoplasia), 11±9 (macromastia) and 10±7% (ptosis) of the groups respectively. Overall, we found that 91% of the cases had at least one type of breast asymmetry. The prevalence of asymmetry was not significantly different ($p>0.05$) among groups.

Conclusion: Our study indicates that breast asymmetry occurs in the majority of women and these findings are similar among the different groups. The most frequent asymmetry is that of the nipple-areola complex. Since asymmetry may persist or become more pronounced after surgery, patients should be informed of how this might affect the surgical outcome.[2-4]

References

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